

Little (Wm S.)

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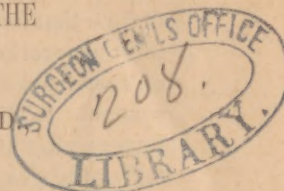




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W. Little

THE POSSIBILITY OF ABNORMAL OCULAR CONDITIONS THROUGH
THE SYMPATHETIC SYSTEM IMPAIRING THE
FUNCTION OF THE UTERUS.

By WILLIAM S. LITTLE, A.M., M.D.
PHILADELPHIA.



DURING the early stage of development, the uterus and its appendages have not been observed to exhibit any marked influence upon the general system of the female, much less to produce any reflex irritation in an organ so remote as the eye. At puberty, the whole system responds quite markedly to the accomplishment of this most important function of the female career, and reflex irritations are widespread, and the eye is not exempt—especially when the eye itself is the seat of irritation from strain in performing the visual act. Normal action of the uterine function may produce irritation in the eye, which is, of course, the more liable to occur when the uterine action is abnormal. Irritated or diseased conditions of the ovaries, a displaced uterus, a conical os uteri, an inflammatory state of the lining membrane of the uterus or of the tissue proper or of its covering within the abdominal cavity, have their ill effects upon the eye as well as upon the general system and organs less remote than the eye, which effects are exhibited in the eye by pain, by irritation of the retina and nerve, and even may progress to inflammatory conditions; spasm of the eyelids is associated with the eye symptoms. From puberty to the menopause, these conditions may arise, and in cases free from pregnancy.

The uterus in its pregnant state produces unpleasant ocular conditions, varying from mere irritation to inflammatory processes, and the latter not due to albuminuria alone, but to involvement of the optic nerve fibres that may result fatally to sight. Dr. E. G. Loring, of New York City, in a paper in the *Transactions of the American Ophthalmological Society* for 1882, has advised the performance of premature delivery for the prevention of blindness as a result of pregnancy; in one case it has been done at the third month, a former pregnancy having impaired the patient's sight to a

great degree, and the succeeding one impairing vision again and more severely.

After delivery at full term and of normal character, the necessity of a darkened room and the non-use of the eyes is the rule, till the convalescent life of the parturient woman is past. The eye soon regains its power, if not itself subjected to strain in seeing; optical defects that have not manifested themselves before then appear, and their correction is of great value, not only in the accomplishment of the visual act, but freedom from one source of irritation to the system. In difficult labor, and where the tissues of the uterus are torn or placenta retained, the eye is apt to exhibit irritation; even tears of the vaginal wall or region of the perineum have an influence. After miscarriages or abortions the same conditions may exist.

Prof. Förster, of Breslau, has given the name of *hysterica kopio-pia* to the ocular manifestations of disorders of the uterus and its appendages; others have observed and described cases. I read a paper on this subject with cases before the Philadelphia County Medical Society, in March, 1881.

Patients having these symptoms in the eye are apt to judge the eye only at fault; a case recently observed with these symptoms has, for the past six years, been consulting ophthalmic surgeon after ophthalmic surgeon, though advised to consult elsewhere; the result of the examination has not been learned, but she gave symptoms of uterine trouble.

The Bradshaw Lecture delivered before the Royal College of Physicians, during the past year, by E. Long Fox, M.D., F.R.C.P., on *The Influence of the Sympathetic on Disease*, describes the influence one organ may have on others through the sympathetic, as well as the influence the sympathetic may have on the nervous system and on organs, it being itself diseased. In the former case, he speaks of the hypogastric plexus as affording the most marked illustration. And here it is to be stated, that all sympathetic systems are not equally sensitive in conveying impressions from one organ to another, nor are all organs as sensitive as others in receiving these impressions, nor do all give rise to the same symptoms equally.

It is difficult to say whether these reflex irritations are due to disease of the sympathetic, or whether some organs are more sensitive in receiving or others more powerful in creating such influence. Dr. J. M. Duncan, in one of his clinical lectures given at St. Bartholomew's Hospital, while speaking of the remote or indirect symptoms of the diseases of the uterus or its appendages, asks the following: "Are there no uterine symptoms or disorders or diseases

which are secondary to other diseases, indicative of them or caused by them? Should the uterus and its appendages be looked on as always governing and disturbing, and not itself occasionally governed or disturbed?" The influence that unnecessary strain in performing the visual act has upon the nervous system and upon some organs of the body, through the sympathetic system, is now no new thing. Optical defects more than true disease of the eye produce this influence. The varied forms of headache, cerebral and spinal symptoms, gastric disturbance, and, what I have observed more recently, an influence on the heart's action due to optical defects, are now recognized. Dr. S. Weir Mitchell, of Philadelphia, deserves full credit for his statements as to the influence the eye annoyed with optical defects may have on the nervous system; Prof. Wm. Thomson, M.D., of Philadelphia, being the first to test this plan of treatment on eyes producing such impressions, and it is now one of the most interesting fields in ophthalmic medicine. All persons are not equally affected by these ocular conditions, and slight defects are as productive of trouble as marked ones in some cases.

The purpose of this paper is to show, that the influence the eye has when irritated by optical defects, can be as far-reaching as the uterus and its appendages, and to raise the question of whether relative sterility, as defined by Dr. J. M. Duncan, in his Gulstonian lecture, delivered recently *On Sterility in Women*, may not be due, in one case at least, to abnormal ocular conditions affecting the uterus and its appendages, through the sympathetic system. For if the uterus can produce effects so widely as it does, it ought to be subject to counter influences, and though the whole question of reflex irritation is dangerous ground in actual diagnosis, and for proposing methods of treatment, it is closely allied with physiological research, and deserves consideration.

The eye has stood the test, better than some other organs of the body, in the question of arriving at the value of reflex irritation as a help to diagnosis.

In the case which I will describe, treatment was undertaken with no knowledge of the relative sterility existing, but only for relief of the eye symptoms, which were believed to be the cause of the headache, spinal irritation, gastric disturbance, and a general hysterical condition. It was only brought to my attention some eighteen months after treatment, when I was informed she had been delivered of a female child, a first and former pregnancy having occurred twelve years before. Relief of conditions recognized at the time she was seen, rapidly followed the correction of the optical defects. Pregnancy having followed the relief of the other reflex symptoms

in this case, leads me to consider the possible connection of sterility in the chain of reflex symptoms, as produced by the ocular conditions in this particular case.

CASE.—Mrs. ———, æt. 34, was seen February, 1881, complaining of pain in both eyes; vision defective and more marked of late; had headache before eyes became troublesome, and now more severe; pain shooting down her neck; for some months past subject to gastric symptoms with nausea, had been treated for gastric fever. In August last, had an attack of erysipelas; was living in a malarious district.

$$\text{R. E. V.} = \frac{5}{\text{LXX}}; \text{mydriatic V.} = \frac{3}{\text{CC}}; +2 \text{ D. } \bigcirc +1 \text{ D. cyl. ax. } 90^\circ = \frac{15}{\text{XL}}.$$

$$\text{L. E. V.} = \frac{15}{\text{XXX}}; \text{mydriatic V.} = \frac{15}{\text{XL}}; +0.75 \text{ cyl. ax. } 90^\circ = \frac{15}{\text{XV}}.$$

She was advised to wear the glasses constantly. Seen March, 1881, one month since treated, stating there was relief from pain in eyes; vision better; less pain in head; nausea still existing; strychnia was given.

I learned nothing further of the case till September, 1882, when her husband called and informed me that she had become perfectly well very soon after I had last seen her, and that a month ago she had been delivered of a female child; this being her second pregnancy, and none having occurred for twelve years; the first child had died; there had been no miscarriages.

215 SOUTH SEVENTEENTH STREET.



